

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001676

FILED
Jan 25, 2009
Secretary of State

Entity Name: UNITED INDEPENDENT CATHOLIC CHURCH, INC.

Current Principal Place of Business:

1603 OLD CREAL SPRINGS RD
MARION, IL 62959

New Principal Place of Business:

Current Mailing Address:

1603 OLD CREAL SPRINGS RD
MARION, IL 62959

New Mailing Address:

FEI Number: 35-2196711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REEVES, JOHN REV.
Address: 1603 OLD CREAL SPRINGS RD
City-St-Zip: MARION, IL 62959

Title: VD () Delete
Name: WOOD, JERRY REV.
Address: 1525 E. GLENN AVE
City-St-Zip: SPRINGFIELD, IL 62704

Title: D () Delete
Name: RITORTO, ROBERT REV
Address: 1201 COLONY DR #28
City-St-Zip: ZANESVILLE, OH 43701

Title: T () Delete
Name: LITTLE, DANIEL
Address: 1603 OLD CREAL SPRINGS RD
City-St-Zip: MARION, IL 62959

Title: S () Delete
Name: MORRISON, DELVIN
Address: 1201 COLONY DR #28
City-St-Zip: ZANESVILLE, OH 43701

Title: D (X) Delete
Name: LEMMING, PATRICK
Address: 804 CATLETT ROAD
City-St-Zip: SEVIERVILLE, TN 37862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEMMING, PATRICK REV
Address: 804 CATLETT ROAD
City-St-Zip: SEVIERVILLE, TN 37862

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LITTLE, DANIEL REV MR
Address: 1603 OLD CREAL SPRINGS ROAD
City-St-Zip: MARION, IL 62959

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. JOHN REEVES

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date